

What Do Managed Care Plans Look Like?

Plan Name	National Accreditation	Statewide Market Share 2000	Administrative Expense Rating† 1998-2000	Complaint Index Rating† 1998-2000
Advantra	none	19%	●	○
Coventry Health Care Advantra	none	3%	●	○
Humana Gold Plus	NCQA	11%	●	○
Mid America Health Senior Excel	none	8%	●	●
Medicare Complete	JCAHO	43%	●	●
St. John's PremierPlus	none	7%	●	●

†This is a company-wide measure
Data Source: Missouri Department of Insurance

Performance Ratings
● High ● Average ○ Low

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

This shows the percentage of the State's managed care M+C plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan's ability to meet the varied health care needs of its members.

This measure, which indicates efficiency, is the percentage of total income used for administrative overhead. Plans with administrative expenses less than 10% are shown as high performance; those at 15% or more are rated as low performers.

The complaint index looks at the number of consumer complaints the Department of Insurance received in the past three years relative to the amount of business that a company wrote in Missouri and compares this to the industry average. Plans at less than 50% of industry average are shown as high performance; more than 100% of industry average is considered low performance.

Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2001 Consumer's Guide helps you compare the quality of health care and member satisfaction among the M+C plans in Missouri.

- ◆ Identify all plans which offer coverage in your area by calling the Community Leaders Assisting the Insured of Missouri (CLAIM) program at 1-800-390-3330 or 1-573-893-7900.
- ◆ Review the indicators in this brochure only in combination. No one indicator should be viewed as a sole direct measure of a health plan's performance.
- ◆ Contact CLAIM for a health plan comparison worksheet and other Medicare information. Also, more managed care information is available from the Department of Health and Senior Services at 1-573-526-2812.
- ◆ Come up with your own questions and call your plan choices for answers using the phone numbers on the back. Plans can provide you a member handbook of benefits plus a list of doctors and hospitals in their Medicare network.
- ◆ Talk to your doctor, family and friends about their experiences with managed care.
- ◆ Use all information to evaluate your managed care options. Make the choice that best suits your needs.

Member Services Telephone Numbers

Managed Care Plan	Customer Service	RN Helpline	Website
Advantra	800-533-0367		www.ghp.com
Coventry Advantra	800-727-9712	800-622-9528	www.chckc.cvtv.com
Humana Gold Plus	800-448-6262	800-622-9529	www.humana.com
MAH Senior Excel	816-460-4688	913-671-8730	www.midamericahealth.com
Medicare Complete	800-656-0065	877-365-7949	www.uhc.com
Premier Plus	800-280-1602	800-811-1187	www.mercyhealthplans.com
St. John's Premier Plus	800-481-4466		www.mercyhealthplans.com

Need More Information?

Visit our Website at: www.dhss.state.mo.us/ManagedCare

Concerns or Complaints?

Call your managed care plan if you have concerns on your treatment or feel you have been denied health services. They will explain your grievance rights and how to file a complaint. If you disagree with a plan's position or decision call the Consumer Hotline of the Missouri Department of Insurance at: 1-800-726-7390

For further information about this Consumer's Guide, contact:
Bureau of Health Care Performance Monitoring,
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO
65102-0570
(573) 526-2812



Websites

The following Websites may be useful:

- Missouri Department of Health and Senior Services:
www.dhss.state.mo.us

Missouri Department of Insurance
www.insurance.state.mo.us

National Committee for Quality Assurance/NCQA:
www.ncqa.org

American Accreditation Healthcare Commission/URAC:
www.urac.org

Joint Commission on Accreditation of Healthcare Organizations/JCAHO:
www.jcaho.org
- American Medical Association:
www.ama-assn.org

American Osteopathic Association:
www.aoa-net.org

Agency for Healthcare Research & Quality:
www.ahrq.gov

Families USA:
www.familiesusa.org

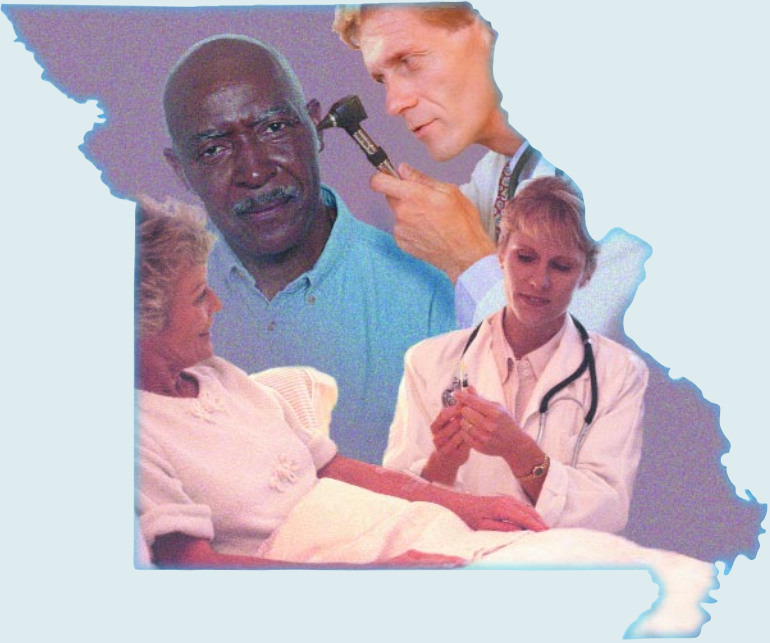
American Association of Health Plans:
www.aahp.org

U.S. Health and Human Services-Health Finder:
www.healthfinder.gov

National Health Information Center
www.health.gov/nhic

The Missouri Department of Health and Senior Services has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 2000. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Evaluation, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 526-2812. A companion technical report, containing the data and statistical formulas used, is also available for \$10.

The Missouri Department of Health and Senior Services is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.



2001
Consumer's
Guide
Medicare (M+C)
Managed Care
in Missouri



Visit the Department of Health and Senior Services
Managed Care Website at:
www.dhss.state.mo.us/ManagedCare

Medicare (M+C) Managed Care Plan Performance

Plan	Women's Health			Cardiovascular				Diabetes				Respiratory	Member Satisfaction			Plan	
	Mammograms	Women's Cancer: Breast (B), Cervical (C), Ovarian (O)		Cholesterol Management after Acute Cardiovascular Event	Controlling High Blood Pressure	Cardiovascular: Obesity (O), Stroke (S), Congestive Heart Failure (H), High Blood Pressure (B),		Kidney Disease Monitoring	Retinal Eye Exam	Blood Sugar Testing (HbA1c)	Diabetes	Asthma (A), Chronic Obstructive Pulmonary Disease (P), Tobacco Use (T)		Getting Needed Care	Customer Service	Overall Rating of Health Plan	
		Screening	Case Management	Screening		Screening	Case Management				Screening	Screening	Case Management	(1)	(2)	(3)	
Advantra (GHP)	☐	BCO	BCO	☐	●	SHB	SHB	○	☐	☐	YES	APT	AP	86%	63%	36%	Advantra (GHP)
Coventry Health Care Advantra	NA	BCO	BCO	NA	☐	HB	SH	●	○	○	YES	none	AP	88%	58%	39%	Coventry Health Care Advantra
Humana Gold Plus	☐	BCO	BCO	☐	●	OHB	SHB	●	●	●	YES	none	AP	83%	57%	36%	Humana Gold Plus
Mid America Health Senior Excel	☐	none	BCO	●	☐	H	OSHB	☐	●	●	none	AT	AP	88%	71%	42%	Mid America Health Senior Excel
Medicare Complete (UHC)	☐	BCO	none	☐	☐	OSHB	SH	☐	○	☐	YES	none	APT	88%	76%	45%	Medicare Complete (UHC)
St. John's Premier Plus	☐	BCO	BCO	☐	☐	OSHB	OSHB	○	○	●	YES	APT	APT	90%	82%	47%	St. John's Premier Plus
Statewide Averages	76%			67%	44%			42%	60%	83%				87%	69%	42%	Statewide Averages

This table compares health plan performance and services offered in four areas of health care and member satisfaction.

Women of ages 52-69 who had a mammogram (breast x-ray) in the past 2 years.

Plan offers screening and case management for breast, cervical, and ovarian cancer. **Note:** Letter indicates the type of services offered.

All female Medicare beneficiaries are covered for one annual mammogram and for a Pap smear, pelvic exam, and clinical breast exam at least once every three years.

Plan provides cholesterol management following an acute cardio-vascular event like a heart attack.

Plan members (age 46-85) who were considered to have high blood pressure during the first six months of the measurement year.

Plan offers screening and case management for obesity, stroke, congestive heart failure and high blood pressure. **Note:** Letter indicates the type of services offered.

Plan members who were monitored for kidney disease, retinal eye exam and blood glucose testing during the past year.

Diabetes that occurs later in life may be prevented by keeping your weight down, exercising, and eating a healthy diet. Pills can often now control diabetes without the need for insulin shots.

Plan offers diabetes screening for members.

Plan offers screening and case management services for asthma, chronic obstructive pulmonary disease and use of tobacco. **Note:** Letter indicates the type of services offered.

All Medicare beneficiaries are eligible for yearly flu shots.

Descriptions of Member Satisfaction Categories:

(1) No problem getting good doctors and nurses, referrals and necessary care.

(2) No problem with paperwork, written materials or help from customer service.

(3) Overall rating of health plan.

The percentage of satisfied members for each plan is shown above for three patient satisfaction areas.

Screenings help to determine if a patient is at risk for a certain disease or health problem.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Quality of Care Ratings*

Quality of Care Ratings*

●

—High

●

—Average

○

—Low/Needs Improvement

NA

Numbers too small to report

*Plan performance measures are compared to statewide averages

Additional measures of health plan performance are available on the Missouri Department of Health and Senior Services website:
<http://www.dhss.state.mo.us/ManagedCare>